07258

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown | LENGTH OF STAY (in this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown Md
STREET ADDRESS (If rural, give location): 100 Queen Street

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Allen (Last) Alexander

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 31 1875

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Benton Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Alexander

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 082-18-9001

17. INFORMANT AND ADDRESS: Mrs. Alexander Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 year.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac Sclerosis — 8 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] that I last saw the deceased alive on ....., 19....., and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Frank N. Smith Deputy Medical Examiner July 17 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 19 1950 | NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery | LOCATION (City, town, or county) (State): Near Fairlee Kent Co. Md.

DATE REC'D BY LOCAL REG.: July 18-1950 | REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR | ADDRESS: Marvin F. Williams - Chestertown Md

27681

VS-A15

RECEIVED
JUL 20 1950
BUREAU V. S.

07259

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lynchburg St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Lynchburg

3. NAME OF DECEASED (Type or Print): (First) George (Middle) R. (Last) Brown

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: UNKNOWN

9. AGE last birthday: 80 ? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: ODD JOBS

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-12-4267

17. INFORMANT: CATHERINE BROWN — CHESTERTOWN Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X **Immediate cause** (a) Cerebral Thrombosis — Sudden

1312 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Frank W. Smith M D — Chestertown Md — July 23/50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

BURIAL — 7/25/50 — COUNTY HOME — CHESTERTOWN Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

July 24-1950 — Clara L. Barnes. — J. Willis Wells - Chestertown, Md.

95899

VS. A15A

RECEIVED
JUL 26 1950
BUREAU V. S.

07260

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Johnsontown — LENGTH OF STAY (in this place): 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown RR Md
STREET ADDRESS (If rural, give location): Snakes Neck

3. NAME OF DECEASED (Type or Print): (First) Judith (Middle) Ann (Last) BURKE
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: Jan 16 - 1950
9. AGE last birthday: ✓ yrs. — If under 1 year: Months 6, Days 5 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Vandeller Burke
14. MOTHER'S MAIDEN NAME: Helen Barrett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: Gertrude Barrett - Chestertown RR Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Undetermined. Found dead.

Antecedent cause(s) (b) Very enlarged Liver & Heart

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Malnutrition

772.0

158

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Mother now syphilitic. Father?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical Attention, Since March 1950, 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE: Frank W. Smith (Degree or title) — ADDRESS: Deputy Medical Examiner of Kent Co. — DATE SIGNED: July 21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 22 1950 — NAME OF CEMETERY OR CREMATORY: Pomona Cemetery — LOCATION (City, town, or county) (State): Near Chestertown Kent Co. Md.

DATE REC'D BY LOCAL REG.: July 22 - 1950 — REGISTRAR'S SIGNATURE: Clara S. Barnes — 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md.

1-0-1-16-0-20-2-40-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 25 1950
BUREAU V. S.

07261

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

M

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 117 Spring St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) A. (Last) Colison
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 16 1858
9. AGE last birthday 92 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Fishing & Crabing.
11. BIRTHPLACE (State or foreign country) Rock Hall Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Colison
14. MOTHER'S MAIDEN NAME Henrietta Colison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT AND ADDRESS 3606 Rockdale Terrace Mr. Charles F. Colison (Son) Baltimore 7, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure

Antecedent cause(s) (b) Chronic myocarditis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Senility

422.2 93d

INTERVAL BETWEEN ONSET AND DEATH: 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rupture of rt. quadriceps tendon

19a. DATE OF OPERATION 7-7-50
19b. MAJOR FINDINGS OF OPERATION Rupture of quadriceps tendon, rt.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1950, to 7-21, 1950, that I last saw the deceased alive on 7-20, 1950, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE A. C. Dick (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 7-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 23, 1950
NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery
LOCATION (City, town, or county) Rock Hall, Maryland (State)

DATE REC'D BY LOCAL REG. July 22-1950
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown ADDRESS Md.

900 V1

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1960
BUREAU V. S.

07673

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) A. (Last) CONNER

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 23, 1890
9. AGE last birthday 59 yrs. If under Months. 1 year Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Millington Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas A. Conner Sr.
14. MOTHER'S MAIDEN NAME Margaret Mullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 215-26-2617
17. INFORMANT AND ADDRESS Julia Conner, Galena, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 Immediate cause (a) Carcinoma of Gin — INTERVAL BETWEEN ONSET AND DEATH 6 months

Antecedent cause(s)

46 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to July 27, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Merritt Bird

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 29, 1950
NAME OF CEMETERY OR CREMATORY Lambsons Cemetery
LOCATION (City, town, or county) Lambsons Rural Galena (State) Md.

DATE REC'D BY LOCAL REG. 7/28/50
REGISTRAR'S SIGNATURE Elizabeth J. Medford
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md

000 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 10 1950
BUREAU

07262

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) Nathaniel (Last) Demby
4. DATE OF DEATH (Month) July (Day) 19 (Year) 1950
5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH March 22-1944
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Millington Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Gilbert Demby
14. MOTHER'S MAIDEN NAME Georgianna Elsie Hicks
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Gilbert Demby (Father)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Went in swimming + could not swim +

183 (c) got over his depth + drowned

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY River
(CITY OR TOWN) W. Millington (COUNTY) Q.A.Co. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) Deputy Med. Exam. ADDRESS Centreville Md. Q.A.Co. DATE SIGNED 7/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 22, 1950
NAME OF CEMETERY OR ~~CREMATORY~~ Millington Colored
LOCATION (City, town, or county) Millington (State) Md.
DATE REC'D BY LOCAL REG. July 20, 1950
REGISTRAR'S SIGNATURE Edward Fellows.
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 28 1950
BUREAU T. S.

Evidence for change of age shown on:

07263

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 126 JUL 13 1950

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Joseph	Henry	Earle		July	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	Aug 8. 1925	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Truck driver	Farm Farm hand	Millington	U.S.A

13. FATHER'S NAME: James Henry Earle
14. MOTHER'S MAIDEN NAME: Olivia Fuller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		213-22-8894	James Oliver Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.5 **Immediate cause** (a) Cerebral Concussion — Interval between onset and death: 2 hrs

Antecedent cause(s)

170c Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last: Injuries to Head, Face, Right Fibia & Fibula

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Lacerations of R Foot, Numerous Lesions & Contusions

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Probably Lacerations	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Md Route Corner	Sumers Corner	Kent	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
unknown m.		unknown.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank L. Smith	Deputy Medical Examiner	Chestertown	July 2/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 5, 1950	Mt. Zion	Still Pond	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 5-1950	Clara L. Barnes.	B.R. Fellows	Still Pond, Md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1950
BUREAU N. S.

07264

Evidence for change of age shown on:

FILM No. G 127 AUG 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall PR
STREET ADDRESS (If rural, give location): Piney Neck

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Ford
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: March 29-1876
9. AGE last birthday: 76 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Kent Co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Thomas Ford
14. MOTHER'S MAIDEN NAME: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Ethel Moor Rock Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Found dead in bed. ?

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart & Blood pressure high (History)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Judge he died July 29 - 15 hours previous

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from he did not attend, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 51 P.P. m., from the causes and on the date stated above.

SIGNATURE: Frank W Smith — (Degree or title) Deputy Medical Examiner — ADDRESS: Kent Co — DATE SIGNED: July 30/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 1 1950 — NAME OF CEMETERY OR CREMATORY: Sharptown — LOCATION (City, town, or county): Rock Hall. Kent — (State): Md

DATE REC'D BY LOCAL REG.: Aug 1/50 — REGISTRAR'S SIGNATURE: S. Elwood Burgess — 24. FUNERAL DIRECTOR: Asbury Henry — ADDRESS: Chestertown Md

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
AUG 3 1950
BUREAU V. R

07265

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall — LENGTH OF STAY (In this place): 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rock Hall Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Cleveland (Last) Harman
4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 14 1885
9. AGE last birthday: 65 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Making Awnings & Carpeting
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bland Co. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Abraham Harman
14. MOTHER'S MAIDEN NAME: Martha Cubine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: 227-10-6966
17. INFORMANT AND ADDRESS: Mrs. R. C. Harman Rock Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis. few hours

420.1 Antecedent cause(s) (b) Chest pains and Angina — 2 years

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Found dead in bed 7.30 am. dead for 4 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical attention for 1 year, 19 to 19, that I last saw the deceased alive on ....., 19....., and that death occurred at 3-7.30 a m., from the causes and on the date stated above.

SIGNATURE: Frank W. Smith — (Degree or title) Deputy Medical Examiner — ADDRESS: Kent Co — DATE SIGNED: July 21/50

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE: July 24-50 — NAME OF CEMETERY OR CREMATORY: Lombardy Cem. Brook — LOCATION (City, town, or county) (State): Wilmington Del

DATE REC'D BY LOCAL REG.: 7/24/50 — REGISTRAR'S SIGNATURE: S. Elwood Burgess — 24. FUNERAL DIRECTOR: Edgar L Lane — ADDRESS: Church Hill Md

49607

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUL 28 1950
BUFFALO N. Y.

07266

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Gand

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gott
STREET ADDRESS (If rural, give location) Md.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Johnston

4. DATE OF DEATH (Month) (Day) (Year) July 29 1950

5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4/9/1902
9. AGE last birthday 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Del
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Johnston
14. MOTHER'S MAIDEN NAME Maud Clayton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 102 W 27th St Oliver Corrigan Wilmington Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
527.1	Immediate cause	(a) Acute right heart failure	2 hours
113	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary emphysema	unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1950, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 8:20 P EDST m., from the causes and on the date stated above.

SIGNATURE R Fort Warr (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 7-29-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/1/50
NAME OF CEMETERY OR CREMATORY Townsend Anatny
LOCATION (City, town, or county) Townsend Del. (State)

DATE REC'D BY LOCAL REG. July 29-1950
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR G. Foster Daniels ADDRESS Middletown Del.

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1950
BUREAU T. S

07267

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 00

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galt and Rural — LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galt and Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Josiah (Middle) Dolbow (Last) Locke

4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 1950

5. SEX male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 12/27/87 | 9. AGE last birthday 62 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Dupont Co. | 11. BIRTHPLACE (State or foreign country) New Jersey | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Leonard P. Locke | 14. MOTHER'S MAIDEN NAME Adelaide Dolbow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs J. D. Locke Galt and

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x **Immediate cause** (a) Chronic hypertension — 6 months

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — 6 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1950, to 7-17-, 1950, that I last saw the deceased alive on 7/17, 1950, and that death occurred at 4.20 A. m., from the causes and on the date stated above.

SIGNATURE: Allan R. Cruchley (Degree or title) M.D. ADDRESS: Middletown, Del DATE SIGNED: 7-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/19/50 | NAME OF CEMETERY OR CREMATORY Emanuel Cemetery | LOCATION (City, town, or county) (State) Kenton Grove Md

DATE REC'D BY LOCAL REG. July 18. 1950 | REGISTRAR'S SIGNATURE Edward Tallows.

24. FUNERAL DIRECTOR G. Foster Daniels ADDRESS Middletown Del

26617

RECEIVED
JUL 21 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07268

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 4 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne's Hospital	STREET ADDRESS (If rural, give location) Grays Inn Shamin Neck

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances	Caroline	Moore	July	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Female	White	Widowed	Jan. 16, 1867	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Retired	Queen Anne, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Brice	Kate Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	No.	Mr. Brice Moore Jr. Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
421.4 Immediate cause	(a) Cerebral Hemorrhage, Paralysis of 7 side	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chron Endo-Myocarditis, Hypertension	
92	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/21, 1950, to 7/25, 1950, that I last saw the deceased alive on 7/24, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert A. Burgard	M.D.	Rock Hall, Maryland	7/25/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 27, 1950	St. Paul Cemetery	Near Fairlee Kent Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 27-1950	Clara L. Barnes	Marvin L. Williams	Chestertown, Md.

RECEIVED
AUG 1 1950
BUREAU U. S.

Addresses, occupation & item 14: informant's letter filmed 8-8-50 G127 LL

SURNAME: doctor's statement, plus, filmed 10-23-50 G128 L

07269

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Betterton
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. Bristol COUNTY Bucks
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol, Pa.
STREET ADDRESS (If rural give location) 419 ~~414~~ Radcliff St.

3. NAME OF DECEASED (Type or Print) (First) ARMAND (Middle) VANUXEN (Last) MORRIS MOORE JR.

4. DATE OF DEATH (Month) July (Day) 29 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 28 1904.
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY KAISER Kaiser Metal Prod.
11. BIRTHPLACE (State or foreign country) Bristol, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Armand Vanuxen MORRIS Moore Sr.
14. MOTHER'S MAIDEN NAME Anna Davis-Runyon RUNYAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 155-10-7997
17. INFORMANT Gardner MORRIS Moore 722 ~~412~~ Radcliff St Bristol Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

902.8 Immediate cause (a) Shock - Compression of Spinal Cord Immediate

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diving in shallow water, Body floating.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Spinal Cord (CITY OR TOWN) Betterton (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) July (Day) 29 (Year) 1950 (Hour) 23 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Diving off Yacht

22. I hereby certify that I attended the deceased from No Medical Attender, that I last saw the deceased alive on ——, 19....., and that death occurred at 230 P m., from the causes and on the date stated above.

SIGNATURE Frank W. Smith (Degree or title) Deputy Medical Examiner ADDRESS Kent Co Md DATE SIGNED July 29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 1, 1950
NAME OF CEMETERY OR CREMATORY St. James Churchyard
LOCATION (City, town, or county) Bristol (State) Pa.

DATE REC'D BY LOCAL REG. 7/31/50
REGISTRAR'S SIGNATURE E. Kennard Jones
24. FUNERAL DIRECTOR John C. Black ADDRESS 314 Cedar St. Bristol, Pa.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 1 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07270

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Albert (Last) Raleigh
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1950 (I950)
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 7/18/ 1876
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building Houses
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Samuel Raleigh
14. MOTHER'S MAIDEN NAME: Mary Margaret Briscoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 262-22-809
17. INFORMANT: (son) Mr. Albert Raleigh - Fairlee, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2

420.0 Antecedent cause(s) c Coronary occlusion

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to July 23, 1950, that I last saw the deceased alive on July 23, 1950, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John R Norris M.D. Chestertown July 25/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 26, 1950 | NAME OF CEMETERY OR CREMATORY: Chester Cemetery | LOCATION (City, town, or county) (State): Chestertown, Maryland

DATE REC'D BY LOCAL REG.: July 25/50 | REGISTRAR'S SIGNATURE: F W Smith

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, MD.

30879

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 28 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07271

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) [illegible] (Last) Roberts

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 2, 1867

9. AGE last birthday: 83 yrs. — If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Todd

14. MOTHER'S MAIDEN NAME: Mary Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Deceased - on Hosp. admission chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/x Immediate cause (a) Cerebral hemorrhage (final) — Interval between onset and death: 7-17-50

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage (old) Arterial hypertension — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia - terminal — 3 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1950, to July 26, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE: Robert Wann (Degree or title) M.D. ADDRESS: Chestertown, Md DATE SIGNED: 7-27-50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: July 29-50 — NAME OF CEMETERY OR CREMATORY: Church Hill — LOCATION (City, town, or county): Church Hill (State): Md

DATE REC'D BY LOCAL REG.: July 29-1950 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Edgar L Lane — ADDRESS: Church Hill Md

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07272

CERTIFICATE OF DEATH

Reg. Dist. No. 280

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELWOOD (Middle) H. (Last) STEPHENSON

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 13, 1875

9. AGE last birthday: 75 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Owner Farm

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stephenson

14. MOTHER'S MAIDEN NAME: Amanda Cosden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Elwood Stephenson - Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334x Immediate cause (a) Apoplexy — Interval between onset and death: 2 hrs

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis. — Several years

(c) Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 7th, 1948, to July 2, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: H. H Hamilton — (Degree or title) M.D. — ADDRESS Millington Md. — DATE SIGNED July 4/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 5 1950 — NAME OF CEMETERY OR CREMATORY: Chesterville Cemetery — LOCATION (City, town, or county) (State): Chesterville, Md.

DATE REC'D BY LOCAL REG.: July 7, 1950 — REGISTRAR'S SIGNATURE: Edward Fellows — 24. FUNERAL DIRECTOR: Edward Fellows — ADDRESS: Millington Md.

OOOW

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